

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Suite 216, The Public Ledger Building
150 S. Independence Mall, West
Philadelphia, PA 19106-3499



Vincent P. Meconi
Secretary
Delaware Health and Social Services
1901 N. Dupont Highway
New Castle, Delaware 19720

Dear Secretary Meconi:

I am pleased to inform you that your request dated March 26, 2002, to amend Delaware's Division of Developmental Disabilities Home and Community-Based Services Waiver for persons with mental retardation and/or developmental disabilities is approved. This waiver amendment has been assigned CMS control number 0009.90.R3.02. Please refer to this number in all future correspondence regarding this waiver amendment.

The amendment authorizes Delaware to reduce the estimates for the number of waiver recipients and the cost and utilization of waiver services during years three, four, and five of the approved waiver period. This amendment establishes new targeting criteria, redefines the State's Registry for prioritizing eligible consumers for available waiver services, and establishes additional policies relating to the development of a more consumer-centered service plan. In addition, as part of the amendment, Delaware identifies standards and procedures for specified waiver providers and services.

The following estimates of the average per capita cost of the waiver services and unduplicated recipients have been approved. If Delaware wishes to serve additional recipients above the approved numbers below, a new amendment to the waiver would be required.

YEAR	UNDULICATED RECIPIENTS	FACTOR D
3	564	\$70, 301
4	564	\$70, 025
5	574	\$71, 835

The approval of this amendment does not diminish the State's responsibilities or absolve Delaware from meeting its requirements under the Americans with Disabilities Act (ADA). CMS is willing to work with Delaware to explore the avenues within the Medicaid program that may assist the State in meeting its requirements under the ADA.

Based on the assurances and information you have provided, I approve the waiver amendment with an effective date of March 26, 2002.

I appreciate the cooperation provided by your staff during the review of this waiver. If you have any questions, please contact Ronna Bach at (215) 861-4223.

Sincerely,

Sonia A. Madison
Regional Administrator

cc: Marianne Smith, DDDS
Mary Jean Duckett, CMS

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